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CLINICAL LECTURES

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METROPOLITAN FREE HOSPITAL

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Lecture IX.—April 7, 1843.

GENTLEMEN,—The third stage of gonorrhœa, or that of gleet, presents so many varieties that, before speaking of the symptoms which characterise it, I shall first trouble you with the narration of some cases which presented themselves to us this session, and which you will probably recollect, as I directed your attention to them during their treatment.

CASE I.—W. J., aged twenty-seven, admitted on November 18, 1842. This patient is of a decided scrofulous diathesis, and has the cicatrices of former abscesses in his neck and right arm. He suffers from a yellow discharge from the urethra, which is unaccompanied by scalding or chordee. On pressing the urethra from its external orifice to the perineum, no hardness can be detected, nor does the pressure give him pain. The lips of the urethra are slightly swollen, and redder than natural, in which also the urethra, as far as can be seen, participates.

He contracted gonorrhœa for the first time nearly twelve months ago, and was never perfectly cured of the discharge, which has varied in quantity since that period; sometimes being very profuse, at other times amounting to but a few drops during the twenty-four hours, but always being of the same yellow color. The discharge is more profuse in the morning, especially if he had drank more than usual the preceding day, or had taken more than his ordinary exercise. He has had no reason to suppose, from the presence of any of the inflammatory symptoms which attended the disease at its commencement, that he had contracted gonorrhœa a second time, although he has not abstained from sexual intercourse.

He has used various remedies—drops, mixtures, and pills; also injections of one kind or another. The medicines he took internally usually affected his bowels. He makes water freely and in a full stream. A bougie, of a moderate size, was passed, which entered the bladder freely; a full-sized bougie was then introduced, which gave him slight uneasiness; this was allowed to remain in the urethra for ten or twelve minutes. He was ordered to take forty drops of muriated tincture of iron three times a-day; to bathe the nates, the lower part of the abdomen, and the organs of generation, night and morning, with cold water, and to rub the parts well dry with a coarse towel.

Nov. 25. The day after the bougie was passed he had slight pain along the urethra when he made water; this gradually subsided, and he is now free from it. The discharge was also very considerable, but he

says it is now less than it was when he first applied. His bowels have not been moved for the last two days. The redness and tumid state of the lips of the urethra still continue. He was ordered to regulate his bowels with the aperient mixture of the hospital, and then to resume the muriated tincture of iron in the proportion of twenty drops four times a-day; also to continue the local cold water bathing.

Dec. 2. The discharge has been much less for the last few days, and more slimy. The lips of his urethra cling together in the morning, their fulness has entirely subsided, but they are still unnaturally red.

6. To continue the same plan of treatment as last ordered.

13. Discharged cured.

CASE II.—A. S., aged twenty-one. Six months ago this patient had confirmed gonorrhœa in its severest form—discharge, scalding, and chordee, accompanied with effusion into the cellular tissue of the penis, and consequent phymosis. He was treated by a gentleman, residing in Red Lion-street, in the first instance, and took a teaspoonful of cubeba in powder three times a-day for three weeks, without his symptoms being more than alleviated. He then took two tablespoonfuls of a white thick mixture three times a-day; of this he took three bottles full, which had the effect of lessening the scalding and running, but the chordee continued as bad as before. He then applied to a chemist in Holborn, who gave him a box of pills, of which he took one night and morning until his gums were sore and he was salivated.

On Dec. 2, 1842, he applied at this hospital with the following symptoms:—The lips of his urethra are redder than natural, also the extremity of the prepuce which covers the glans. He has a light yellow discharge, which oozes from the urethra all day, and which is more in quantity at night and morning. His urine, which, before he contracted gonorrhœa, came in a full stream, now comes in a smaller one, and twisted. The size of the stream of urine varies, being sometimes very small, and appears not to depend upon varieties of weather or in his method of living. He suffers from pain in the sole and heel of his right foot, which is sometimes so acute as to “wake him up at night.” He is free from chordee, scalding, or any inflammatory symptom, beyond the slight redness at the extremity of the penis. He has some small indolent-looking warts surrounding the corona glandis. On pressing the urethra, he experiences no pain except in the vicinity of the bulb and in the perineum. A moderate sized bougie was introduced, which entered the urethra freely and without pain until it arrived at the membranous portion of the canal, where its progress was resisted and much pain given on pressing it towards the bladder. The vena magna was opened, and from four to five ounces of blood taken. He was

ordered to foment the perineum three or four times a-day, with cloths wrung out of warm water, and to take the following medicine at bed-time :—

Castor oil, one ounce and a half;
Camphor mixture, one ounce;
Tincture of opium, forty minims. Mix,

and to apply the following day.

3. He has made water much more freely than yesterday; the first time after the introduction of the bougie it gave him pain when he did so, but this gradually subsided at each subsequent micturition. To repeat the castor oil draught and to continue the warm fomentations to the perineum.

6. His bowels have been moved three times; the discharge from the urethra is undiminished. A full-sized bougie was introduced, it gave no uneasiness until it passed the sinus of the bulb; here its passage was sensibly obstructed as it was pressed towards the bladder, and the patient complained of much pain. The bougie was again impeded as it entered the bladder, and pain was experienced; the patient got pale, felt sick, and fainted.

He was placed on the sofa in the inner room until he recovered; the bougie was allowed to remain in the urethra for fifteen minutes, and was then withdrawn. On being removed, the instrument was slightly grasped until it had left the sinus of the bulb and also gave slight pain; it came away unimpeded from the remainder of the urethra. He was directed to take a tablespoonful of the following mixture every fourth hour, and to rub a drachm of an ointment composed of equal parts of mercurial ointment, extract of belladonna, and lard, night and morning, for fifteen minutes, to the mesial line of the perineum.—Take of

Camphor mixture, seven ounces;
Sweet spirits of nitre, three drachms;
Tincture of opium, one drachm;
Syrup of poppies, one ounce; and form a mixture.

9. The bougie was again introduced, and passed the urethra freely and with little pain. The discharge was much greater the day after the bougie was passed than previously; it has since diminished sensibly. He makes water much more freely and in a more uniform stream. To-day, this patient made the following statement:—A week before he applied at this hospital, he had connection with a woman not "on the town," and in whose constancy he has every faith; the result was that he gave her gonorrhœa. [This female was examined after the other patients had been seen, and there is no reason to doubt the truth of her statement. She is now under treatment for gonorrhœa.]

30. Since last report this patient has had the bougie introduced three times a-week, and has taken muriated tincture of iron in the proportions of twenty and thirty minims three times a-day, and has taken castor oil when his bowels required to be moved. He is now discharged cured.

CASE III.—E. P., aged twenty-two. This patient contracted gonorrhœa eighteen months ago, at which time he had the disease very severely. The discharge has never since then been cured, although he has taken a variety of medicines for that purpose. He now suffers from chordee, which is severe enough to awake him at night; he has a continual slight oozing of yellow discharge from the urethra, so that at the end of the week his shirt is very much stained. He makes

water freely and in a full stream, he has no scalding; his urethra is not unnaturally hard to the touch at any part, its distal extremity is redder than it should be, and its lips conical and swollen. He is satisfied that he did not contract a new gonorrhœa, although he admits that the chordee has varied in intensity for the last six months.

January 6, 1843. He was ordered the compound magnesia mixture of the hospital six drachms night and morning. The dorsal vein of the penis was opened, and from five to six ounces of blood taken.

13. The chordee has ceased; he had erections since last report without the slightest uneasiness; the discharge still continues. To repeat the compound magnesia mixture.

Feb. 7. Each dose of the medicine affected his bowels once, he persevered in it for a fortnight, and had his medicine repeated by the apothecary without applying in this room previously. He has taken no medicine for the last five days. The discharge has ceased, and he now called to return his admission paper. Discharged cured.

CASE IV.—Jan. 13, 1842. H. M., aged thirty-seven. This patient has had gonorrhœa five times, the last about nine months since. He then had slight scalding and discharge. He took, by his own prescription, balsam of copaiba, which subdued the scalding, but did not cure the discharge. The discharge is now of a yellow color, and comes from the urethra for three inches or perhaps more; it is greater in quantity after exercise and after drinking beer or porter in more than his usual quantity. The urethra is not painful on pressure, nor are its lips red or swollen. To use the following injection three or four times a-day :—

Alum, one drachm;
Water, six ounces. Mix.

and to take the following pill three times a-day :—

Sulphate of zinc, two grains;
Extract of gentian, three grains. Mix.

20. The discharge is considerably less. Continue the medicines.

27. The discharge is the same as last report, but much less than when he first applied. To continue the pills and to use the following injection instead of the former one :—

Acetate of zinc, one drachm;
Water, eight ounces. Mix.

The discharge has ceased, but he has continued the use of the injection and pills. To omit all medicine and to sponge the organs three or four times a-day with cold water.

Feb. 7. Dismissed.

CASE V.—Feb. 7. A. E., aged eighteen. Had gonorrhœa five months ago for the first time. Has had no connection since; is positive on this head, and is worthy of belief. He was treated at one of the public hospitals with balsam copaiba; in a fortnight or three weeks all his symptoms ceased except the discharge. For this he was ordered an injection of sulphate of zinc; four weeks after having used the injection he got testitis; under the use of leeches and rest his testicle got well, and the discharge continued.

Present State.—He is much emaciated; complains of pain in his right hip and knee, which is very troublesome at night; he has a slight yellow discharge from the urethra, which marks his shirt; he has a

scalding, or rather uneasiness along the whole length of the urethra, and pain across the lower part of his abdomen, especially when he coughs; the lips of his urethra, and the urethra itself as far as can be seen, are redder than natural; his urine passes from him always in a full stream, but sometimes in "two jets." He has occasionally seminal emissions at night. On sounding the urethra with a full-sized bougie it was found to be perfectly healthy, and no pain was given him. He was ordered to take half a drachm of rectified spirits of turpentine three times a-day.

Feb. 14. He has persevered in the medicine, which has produced no sensible effect on the discharge. He has been free from the pain in his hip and knee for the last few days. His urine has the characteristic smell which turpentine gives it. He stated this day that his bowels are very confined, and that his appetite is impaired. A bougie was again passed, but it met with no impediment nor gave any uneasiness. He was directed to take the following medicines:—

Mercurial pill, five grains;

Compound extract of colocynth, extract of hop, of each two grains and a half. To make two pills, to be taken every alternate night for three times.

Infusion of gentian, twelve ounces;

Tincture of gentian, six drachms;

Sulphate of magnesia, one ounce. Mix. Two tablespoonfuls to be taken every morning.

21. He states himself as much better; his bowels have been moderately acted upon twice a-day since he has taken the medicine. The discharge is less, but the nocturnal emissions continue. His appetite is much better and his spirits lighter. To continue the pills and mixture and to use the tepid swimming-bath once a-day for five minutes.

March 10. It is now more than three weeks since this patient last applied. His health is considerably better. The discharge ceased after he had taken three baths, and he in consequence discontinued using them. The nocturnal emissions are not so frequent. Dismissed.

I shall not detain you, Gentlemen, with a relation of more cases, although I might multiply their number very considerably, and with advantage, so varied are the symptoms which gonorrhœa presents in its third stage. You all, however, have had abundant opportunities of witnessing this stage of the disease under many modifications at this institution, and if you have failed to observe the symptoms and the treatment pursued in each according to its peculiarities, I fear that the observations I am now about to make will not be attended with the advantages they otherwise would be.

There is no doubt whatever but that the third stage of gonorrhœa is by far the most difficult to deal with of any. In the first place its symptoms are never so well-marked as those of the first and second stages. In the second place the symptoms are often found to intermit—a patient, for instance, being free from them altogether for three or four days, or even for a week, or longer, and upon his taking any unusual exercise, or indulging more than ordinarily in eating or drinking, or merely resuming his usual avocations, they return again as bad as ever. In the third place the symptoms are in general attended with so little inconvenience, comparatively with the

other stages, that patients are inattentive to them, and at length neglect them altogether until more serious evils, the consequences too often of organic changes in the urethra itself, induce them to apply for relief. In such cases the symptom of unnatural discharge from the urethra is the least in importance. If to these I add that in one patient the lips of the urethra will be red and swollen, and that in another they will be of their natural appearance; that patients will express themselves to you as suffering every variety of pain in making water, from soreness along the whole urethra to mere uneasiness at some point of the canal; that they will tell you they suffered from chordee at one time when the penis was erect and was free from it at another, and this in the same night; that their urine came in a full stream yesterday, and came forked or scattered to-day, and that one patient will have a profuse discharge from the urethra, and another but a few drops in the twenty-four hours; the necessity for a patient and careful investigation into each case, its history, its previous treatment, the length of time the discharge has existed, and many other circumstances too obvious to dwell upon, must be apparent.

Now, in all cases of gonorrhœa in its third stage, I would advise you to adopt the plan of sounding the urethra before you determine upon any particular line of practice. In this institution you may have observed that I always pursue this practice; some patients will not allow you to do so, particularly in private practice, and even here we occasionally meet with patients who resist us, but when they see a similar treatment pursued with others they then usually submit. A gum elastic bougie of the middle size, or even larger, is the instrument I try first, and if this meets with any unusual opposition, I in general withdraw it and try one a size smaller. It is of the first importance that the instrument should traverse the whole urethra; that, in short, it should enter the bladder; but it is also equally important that all force in accomplishing this end should be avoided. You should bear in mind that the urethra in these cases is more or less irritable, particularly at certain points; that the muscles of the urethra are acutely sensitive to any stimulus, even the urine inducing their spasmodic contraction as it passes the urethra, and that the mind of the patient is also on the alert. If the bougie be opposed, we must not try to force it towards the bladder, but keep it gently and steadily fixed at the point of opposition, waiting, in short, until the opposition, as it were, gives way; at the same time by diverting the mind of the patient from what we are about our object will be materially assisted. Talk to him for instance concerning his disease, how long he had it, if the discharge had been as much yesterday as the day before, and other questions of this kind, and when he is about to answer us the bougie constantly will pass the seat of obstruction. In sounding the urethra the shape of the bougie is of some moment, one of a conical form is the very worst you could use, and yet you will find the majority of these instruments in use to be more or less of this shape; one that is of equal diameter for all its extent is the best. In all cases where a discharge from the urethra has existed any great length of time, the lacunæ are usually larger than natural, and the point of a conical instrument, even if it be a large one, is likely to hitch in their

orifices as it is passed towards the bladder. On such an occurrence taking place, the bougie should be withdrawn and again passed towards the bladder, having first altered the direction of its point as regards the circumference of the urethra, keeping it, for instance, towards the under surface of the canal or towards its side.

There are few instances of chronic discharge from the urethra in which the canal is not most sensitive at its membranous and prostatic portions. In the case of A. S., we had an opportunity of remarking this fact. Here the bougie gave him no pain as it passed the urethra until it arrived at the membranous portion, when he suffered very much, and its further introduction was not persevered in. I did not attempt to pass the bougie again until after four days, and in the interim his bowels were moved freely with castor oil, and he was directed to foment his perineum several times in the day; the vena magna having previously been opened and from four to five ounces of blood taken. On the second introduction of the bougie the same pain was felt at both points of the urethra, but it passed freely enough into the bladder. The patient felt sick, and fainted—occurrences which are very common in such cases, as you are doubtlessly aware. By the continued use of the bougie in this case the sensibility of the urethra was entirely subdued and the discharge stopped. How far the muriated tincture of iron, which the patient took, had any share in his cure it is difficult to say. In cases of chronic discharges from the urethra where no irritability of the canal can be detected by the bougie, the muriated tincture of iron is an invaluable remedy, and probably in this case it was of service after the irritability had been subdued by the means employed; but in cases where the irritability is present you will find the medicine do more harm than good. I cannot pass over this case without drawing your attention in the most forcible manner to the infectious nature of the discharge called gleet. I have no doubt of the truth of this patient's statement, and am equally satisfied of the truth of the female's story. Indeed, she had no object in telling a falsehood. But, independently of this case, I have had others of a more serious and delicate kind to be well assured of this important fact in the history of gleet, and so convinced am I of its infectious nature, even in its mildest aspect, that I always caution a patient thus circumstanced to abstain from sexual intercourse. Having sounded the urethra, and in this way ascertained the amount of pain and irritation which exists in the canal, our next care should be to determine whether a perseverance in the use of the bougie would be judicious or otherwise. To determine this we must wait for a few days, say four, and if we find at the end of that time the symptoms are alleviated, we may introduce the bougie again, and afterwards be guided in its further use by the circumstances of the case. In most cases of gleet where the bougie is used, the patient when he next makes water suffers more or less pain, a slight scalding or soreness; this usually gets less and less after each micturition, until at length it altogether subsides. At the same time the discharge is increased for the next twenty or thirty hours, and is usually thicker and of a yellower color. This also gets less and less, and in some fortunate instances ceases altogether in a few days; it

is, however, a rare occurrence, although I have known it to do so in some dozen or twenty instances. On examining the urethra a second time, after the lapse of some days, the bougie does not give much uneasiness; the time has arrived when the administration of other remedies will be attended with the best effects. Concerning these, and the proper time and manner of administering them, I shall speak at our next meeting.

CASE

OF

HÆMORRHAGIC DISEASE,

ASSOCIATED WITH GREAT ENLARGEMENT AND DISEASE OF THE SPLEEN.

The remarkable connection which undoubtedly exists between the morbid conditions of the spleen and the occurrence of hæmorrhagic disease is particularly remarkable in the following case; and although by no means explaining the origin of either form of disease, yet it sufficiently establishes the association of hæmorrhage with great hypertrophy of the spleen:—

Mary Ann S—, aged twenty-three, was admitted into hospital, being then the subject of a strumous irritable ulcer upon the lower part of the left leg, ten months previously to which menstruation had become arrested without any apparent cause, and a vicarious discharge of thin serous fluid had since taken place, about every third or fourth week, from the surface of the diseased parts.

After continuing for several months in the use of tonic remedies, together with topical applications, without progressing favorably, and her general health being materially deranged, she was transferred to the care of the physician, at which time her aspect was pallid and chlorotic, the mucous membranes of the mouth and eyes exsanguined, the sclerotic of a pale pearly hue, and presenting the peculiar appearance indicative of splenic disease. From her previous history it appeared, that she had never been the subject of ague, or had been exposed to the influence of malaria. Her inferior extremities quickly became cedematous unless the horizontal posture was constantly preserved; on the right one, a little above the ankle, was observed an ulcer, in size about two square inches, its edges hardened and everted, presenting an unhealthy appearance; a small quantity of thin serous fluid constantly oozed from its surface, and which became greatly increased, and sometimes mixed with blood, at those periods at which menstruation ought to have been performed. She was the subject of slight bronchitis, and, in addition to great want of power and loss of appetite, suffered from frequent sickness, the matter ejected being frequently mixed with blood; the abdomen was distended and tympanitic, and the spleen could be felt much enlarged, hard, unyielding to the touch, evincing some pain on pressure, and could be detected in the whole of the left hypochondriac, epigastric, and part of the umbilical regions. Almost every form of treatment was unavailingly employed, and from this period a remarkable tendency to hæmorrhage was observed. A slight and otherwise unimportant attack of catarrh became attended with expectoration containing a large proportion of blood; the sickness, which con-